The Louisiana Women’s Policy and Research Commission hereby submits to Governor Jindal for his consideration this detailed annual report for 2011, required by R.S. 2003 ACT No. 668, which addresses the issues set forth as the duties of this Commission:

COMMISSION DUTIES

- To monitor the status of Louisiana women for the purpose of evaluating their economic, educational, and health concerns, needs and/or hardships
- To identify and analyzing trends that negatively impact the health and prosperity of Louisiana women
- To advise the Governor on particular hardships, concerns, and needs that challenge Louisiana women and their possible solutions

The Louisiana Women’s Policy and Research Commission is comprised of members appointed by the Governor to serve during the Governor’s term of office. Members are selected from state agencies, the Women’s Caucus, and academic or professional areas including law, education, health, and social sciences to represent the racial, ethnic, regional, religious, socioeconomic, and political diversity of women in the state.

2011 COMMISSION MEMBERS

- Laura Badeaux, Louisiana Center for Women and Government Nicholls State University, Thibodaux, LA.
- Tasha Bergeron, Department of Health and Hospitals, Baton Rouge, LA.
- Adena Boris, Designee, Department of Children and Family Services, Baton Rouge, LA.
- Kristyn Carver, Metairie, LA.
- Anne Causey, Leesville, LA
- Representative Simone Champagne, LA House of Representatives
- Pamela Egan, Covington, LA
- Rachel Farmer, LA. Department of Economic Development
- Peggy Gehbauer, Women’s Policy, Kenner, LA
- Janet Haedicke, Monroe, LA
- Conshonda Houston, Shreveport, LA
- Representative Nita Hutter, LA State House of Representatives
- Pam Jenkins, Hammond, LA
- Representative Kay Kellogg Katz, LA House of Representatives
- Kim Manning, Designee of the Department of Administration
- Christina Menville, Baton Rouge, LA.
- Claudeidra Minor, Designee of the LA Department of Work Force.
- Judge Frances Pitman, Shreveport, LA
- Paul Pastorek, Superintendent of Education, Baton Rouge, LA
- Linda Vinsanau, Metairie, LA.
- Representative Jane Smith, House of Representatives, Bossier City, LA
- Sharon Southall, Designee Department of Higher Education, Baton Rouge, LA
- Tiffany Simpson, Children’s Cabinet, Baton Rouge, LA
- Tania Tetlow, Tulane University Law School, New Orleans, LA
- Beth Willinger, Newcomb College Center for Women, New Orleans, LA.
I. Monitoring the status of Louisiana women for the purpose of evaluating their economic, educational, and health concerns, needs and/or hardships.

The Louisiana Women’s Policy and Research Commission’s Report to the Governor identifies and provides data on twenty-three indicators to be used in monitoring the health, safety, education, and economic status of women in Louisiana (http://www.gov.state.la.us/assets/docs/subSites/OWP/2009_OWPAnnualReport.pdf). These measures are used widely by governmental agencies, non-profit organizations, women’s commissions, and scholars as a means of assessing gender equity and the well-being of women and families within communities, and in providing national comparisons among women by state.

The Commission invited testimony from experts to discuss four of these measures and what is being done to remove disparities among women, improve women’s health, economic security, and safety.

A. Women’s Health

Measures: Infant Mortality, Low-birth weight babies

Louisiana Birth Outcomes Project, Office of the Secretary, LA Department of Health & Hospitals.

Louisiana’s grade of F on the March of Dimes Premature Birth Report Card, and Louisiana’s rank of 49th among states in the rate of Infant Mortality and Low-birth weight babies prompted The Secretary of the Department of Health and Hospitals, Bruce Greenstein, to establish the Louisiana Birth Outcomes Project in 2010. The Project has a one-year timeline to “promote a healthier generation of Louisianans by improving women and infant health outcomes through:

• More efficient and targeted investments of state funds in programs that make positive impacts on birth outcome measures, hospital based maternity care, and preconception health.
• Greater access to quality care
• Improved data collection
• Significant cost savings in Medicaid and across DHH.”

The Louisiana Birth Outcomes Project’s five key areas for improving women and infant health are:

1. Care Coordination and Preconception Health: improving the continuity of women’s care before and after pregnancy; assessing pregnancy risks and intervening when necessary; and health education;
2. Patient Safety and Quality of Care: reducing the incidence of repeat pre-term births, and induced cesarean sections and pre-term births prior to 39 weeks;
3. Maternal and infant health disparities: removing disparities based on race, ethnicity, and income;
4. Women’s behavioral health: decreasing obesity, smoking, drug use, etc. preconception and during pregnancy;
5. Data and Measurement

The Commission enthusiastically supports the efforts of Bruce Greenstein, Secretary of the Department of Health and Hospitals, and his staff to improve Louisiana’s birth outcomes. Some progress has been made. The pre-term delivery rate dropped from 16.6 in 2007 to 15.4 in 2008, but remains significantly higher than the national goal of 7.6.

B. Reproductive Health

*Measure: Teen pregnancy, rates of sexually transmitted diseases (STDs)*

*Institute of Women and Ethnic Studies*

The 2010 Commission Report included a recommendation for the state to adopt age-appropriate, medically-based health education programs to educate teens about reproductive health over the entire life-span of both women and men. The Healthy Teen Act: HB 529, which would have made this education possible, failed to gain legislative approval in 2010.

Louisiana has among the highest rates of teen pregnancies, STDs, and HIV. Louisiana ranks 13th highest in the nation in births to teens with a teen birth rate of 54 (based on births per 1,000 females ages 15 to 19 years old) compared to a national average of 42. However among African American girls in Louisiana, the rate is 76 per 1000 births to teens. The rate of births to teens was greatest in East Baton Rouge Parish, followed by Caddo, Orleans, Jefferson, Ouachita, Calcasieu, Rapides, and Lafayette (LA Vital Records Registry, 2008). Because teen mothers are more likely to drop out of school, remain unmarried, live in poverty, and have children born at low-birth weight, the prevention of teen pregnancy is of special concern to the Commission.

Louisiana ranks first among the 50 states for primary and secondary Syphilis rates; second in rates of Gonorrhea; and fifth in rates of Chlamydia (up from seventh in 2007 and thirteenth in 2006). The high rates of STDs are of particular concern for several reasons. First, women suffer more frequent and more serious complications from STDs than men. If left untreated, STDs can cause serious health problems including cervical cancer, liver disease, pelvic inflammatory disease, infertility, and pregnancy problems. Second, the transmission of STDs is a warning sign that those infected are not practicing safer sex and are at greater risk of becoming infected with other STDs or HIV. Primary prevention of STDs begins with education and changing the sexual behaviors that place persons at risk for infection.

The link between HIV infection and other STDs has prompted the Centers for Disease Control to recommend STD prevention as a way of reducing the further spread of HIV and AIDS. Louisiana ranks 4th highest nationally in the rate of AIDS cases. Among metropolitan areas, Baton Rouge is ranked 2nd, and New Orleans is ranked 3rd (CDC, 2008). Disparities are greatest for African Americans. Whereas African Americans represent 32 percent of the population of Louisiana, they are:

*• 72 percent of newly diagnosed HIV cases;*
• 70 percent of newly diagnosed AIDS cases;
• 84 percent of 13-24 year olds living with HIV/AIDS.
• More than 33% of all new HIV infections occur in women, and of those cases, 83% are African American women.

The high incidence of HIV and AIDS cases among Louisiana women affects the health and health care costs of present and future generations. HIV women hold the possibility of mother-to-child transmission during pregnancy, labor and delivery, and by breastfeeding. Further, women with HIV are at greater risk of opportunistic infections and becoming infected with STDs, which present an additional challenge to their immune systems.

C. Violence against Women: Domestic Violence Fatality Review

Measure: Homicides of women killed by men
Louisiana Coalition Against Domestic Violence

In 2007, Louisiana was ranked first in the nation for homicides of female victims with a homicide rate of 2.53 per 100,000 females murdered by males – nearly double the national average of 1.30 per 100,000 females. These homicides were largely committed by the victim’s current or former partner (81 percent) or by other family members (10 percent).

The Louisiana Domestic Violence Fatality Review uses data from three sources to estimate the fatality rate: Advocate reports; FBI Supplemental Homicide Data (however only 125 of 320 Louisiana LE offices report); and media accounts. Between 1997 and 2009, 797 incidents resulted in at least one domestic violence fatality, accounting for 892 deaths. Every parish in Louisiana experienced at least one domestic violence fatality incident. The majority of domestic violence fatalities occurred in Louisiana’s three largest metropolitan areas: Baton Rouge; New Orleans-Metairie-Kenner; and Shreveport-Bossier City.

Louisiana has model legislation regarding protective orders and other protective strategies to assist women. However, these laws are not always understood by judges and law enforcement officers, or implemented effectively. Although domestic violence is considered the most common form of violence against women, multiple forms of abuse, including physical, emotional, psychological, and sexual, are interrelated. A multi-disciplinary task force on violence against women is essential for the development of comprehensive and interdisciplinary responses to the vast social and economic effects of violence against women in Louisiana.

D. Earnings and Employment

Measure: Median annual earnings; median earnings by Parish; the gender wage gap; annual earnings by occupation

There continues to be great disparities in the median annual earnings of Louisiana women and men\(^1\). In the 17 Parishes for which data is available and in every occupational category, men earn more than women. According to the most recent U.S. Census data, in 2009, women in Louisiana earned on average $29,437 compared to $44,438 for men. The ratio of women’s

to men’s earnings stood at 66 percent, that is, Louisiana women earned just 66 cents for every dollar earned by Louisiana men, ranking Louisiana 51st among the 50 states and the District of Columbia as having the widest gap in earnings. Nationally, women earned 78.2 percent of men’s earnings. Please see Appendix I for a fact sheet on Louisiana women workers.

Relative to the parishes, women in St. Tammany Parish had the highest median annual earning ($36,183) and women in St. Landry Parish the lowest ($24,357). However, while men in St. Tammany Parish also had the highest average annual earnings ($57,824), St. Tammany women made only 63 percent of the earnings of St. Tammany men, ranking 11th statewide on the ratio of women’s to men’s earnings.

The gender gap came closest to closing (84 percent) in Orleans Parish where women’s annual earnings were $32,610 and men’s $39,007. Women in Iberia Parish, besides having the 16th lowest salaries statewide ($25,311) experienced the greatest gender gap, earning just 52 percent of the wages earned by Iberia Parish men.

Some changes were observed between 2008 and 2009. In 2008, women in Ascension Parish had the highest median earnings ($34,352) and women in Iberia Parish the lowest median earnings ($23,938). The wage gap between the earnings of women and men was greatest in Lafourche Parish where women made just 50 percent of men’s earnings.

II. Identifying and analyzing trends that negatively impact the health and prosperity of Louisiana women.

A. The Commission has great concern for the safety and well-being of women and children directly and indirectly affected by the BP oil spill. In the past five-six years, Louisiana has experienced a number of major disasters, from hurricanes to the April 20, 2010 BP oil spill that continues to threaten the livelihoods of families in oil, fishing and related industries. The moratorium imposed on deepwater drilling in the Gulf of Mexico has further threatened the economic security of those employed in the drilling industry. Research has shown that women, especially women householders, are more adversely affected socially and economically by a disaster than are men. In addition, the emotional and financial stress associated with disasters is known to increase violence within the family. The 14 Domestic Violence Service Providers in southern Louisiana serving populations most disadvantaged by the oil spill report an increase in crisis calls, shelters that are at or near capacity and persons seeking domestic violence services who are presenting at economic assistance or mental health assistance drop in centers.2 (See Appendix II.)

B. The Mississippi River floods again threaten the health and well-being of Louisiana’s most vulnerable citizens, women and children. State and community based responses to these crises need to consider how Louisiana women can be involved in disaster planning.

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and recovery to quickly reestablish their housing and employment, and health care
services for those in their care.

III. Advising the Governor on the particular hardships, concerns, and needs that challenge
Louisiana women and their possible solutions.

A. In the pursuit of its mission to monitor the status of women in Louisiana and identify
trends negatively impacting the health, education and economic security of Louisiana
women, the Commission finds lacking the research to successfully carry forth its mission.

Understanding the economic, social and health status of Louisiana women as well as men
requires up-to-date and accurate information. Quantitative measures are essential to the
work of the Commission and also can be helpful to state departments in evaluating
existing programs for the purpose of securing federal grants. Several of the
recommendations that follow address the need for additional research and reporting.

The Commission respectfully requests the Governor to require all state departments
that collect quantitative data, to report their findings by race/ethnicity and sex of the
participants, and to submit this data to DCFS/Programs Division/Crisis Intervention
Section/Women’s Policy, the Louisiana Legislative Women’s Caucus, and the
Louisiana Women’s Policy and Research Commission.

B. Louisiana’s high rates of teen pregnancy, STDs, and new cases of HIV infections signal a
major public health problem that must be addressed. Research relevant to the sexual risk
behavior of Louisiana youth is needed to understand and improve the sexual health of
Louisiana teens. However, Louisiana is one of only three states that do not participate in
the CDC’s Youth Risk Behavior Survey section of eleven questions pertaining to Sexual
Risk Behavior. Louisiana Revised Statute 17:281 A(2) states students shall not be tested,
quizzed, or surveyed about their personal or family beliefs or practices in sex, morality or
religion. The inclusion of questions on sexual behavior are no more invasive than the
existing questions relating to drug use and would provide improved access to federal and
private funds dedicated to addressing the sexual health of youth as noted by the
Department of Education: “The [YRBS] data is utilized in the development of policies,
new programs and to seek program funding on local, state and federal levels.”

The Commission respectfully requests the Governor to authorize the Department of
Health and Hospitals, Office of Public Health to assess the absence of quality
information regarding the sexual risk behaviors of teens and the impediments to
successfully address this major public health issue. The relevant question for the
protection of human subjects in research is whether the greater risk for teens is in
completing the survey regarding their sexual behaviors, or in not making available the
policies and programs that will educate and inform teen about high risk behaviors, and
whether that behavior is related to sexual activity or other non-sexual behaviors.

C. In June 2010, the Domestic Violence Fatality Review Project of the Louisiana Coalition
Against Domestic Violence released recommendations for statewide systems change to
achieve the ultimate goal of reducing the incidence of domestic violence and decreasing domestic violence fatalities throughout Louisiana.

Domestic violence victims and perpetrators are those most likely to interact with law enforcement agencies and the court system. Standardized, mandated domestic violence training for members of the civil, criminal, and juvenile justice systems—especially judges and law enforcement officers—would ensure quality controls on domestic violence education throughout the state.

*The Commission respectfully requests the Governor to encourage members of the Civil, Criminal, and Juvenile Justice Systems, through their mandatory professional continuing education programs, to pursue Domestic Violence Training.*

D. Statistics regarding domestic violence fatalities will continue to be incomplete until a uniform data collection method is developed. Other states have employed the Center for Disease Control’s National Violent Death Reporting System (NVDRS), which includes an intimate partner violence module, to track homicides and suicides. NVDRS gathers and links information from several sources, including law enforcement, medical examiners and coroners, crime laboratories, and death certificates, to get more details about the circumstances of violent deaths—most notably the relationship of the victim to the suspect. NVDRS data can help to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so that appropriate prevention efforts can be identified and put into place.

*The Commission respectfully requests the Governor to research the development of a Centralized Database for Domestic Violence Related Fatalities that will link data from all statewide reporting agencies.*

E. The economic status of Louisiana women is a hardship not only for Louisiana women, but for Louisiana families. More than half of all Louisiana households rely on dual incomes and depend on the income of the woman alone. The key for middle class success and economic security hinges on women being on equal footing in business, education and politics. The average wages of Louisiana women are significantly below the wages of Louisiana men and the wages of women nationally. The income disparity between women and men can be explained in part by employment patterns and occupational interests. That is, women are largely concentrated in low paying jobs in sales and office support whereas men are concentrated in management and professional occupations, or jobs centered on oil and gas. However, even when women and men are in the same occupational category, such as teaching, sales, or nursing, the wages of men are higher than the wages earned by women.

The goal of economic equality is to raise the average wage of Louisiana women up to the national average for women by 2021. In order to achieve this goal, we need to have a better understanding of the economic and social conditions contributing to the lower wages of Louisiana women relative to the wages of Louisiana men and to women nationally.
The Commission respectfully requests the Governor to establish a Louisiana Task Force on Women’s Employment and Earnings to study women’s employment patterns and earnings, and to advise the Governor concerning ways to improve women’s labor force participation and economic standing.

IV. Activities Undertaken by the Louisiana Women’s Policy and Research Commission in 2011

A. The Commission recognizes the importance of establishing city/parish commissions on women throughout the state as a way of fulfilling its threefold mission. It is anticipated that the establishment of city and parish commissions on women will promote communication about the needs of women by conveying the goals and achievements of our state women’s commission to our local communities, and also providing an avenue for our community leaders to highlight the needs of women in their individual communities.

Currently, several local communities in Louisiana have established commissions including:

- Caddo Parish (Shreveport City Commission)
- Calcasieu Parish (Lake Charles City Commission)
- Lafayette Parish (Lafayette City or Parish Commission)
- Lafourche Parish Commission on Women
- Terrebonne Parish Commission on Women

During the 2010 year, the Commission led an effort in establishing the Vernon Parish Commission on Women. Our goal in the coming year is to build on this momentum and work to establish at least one additional local commission focusing on both major metropolitan areas as well as rural areas. The Commission now has a valuable relationship with all of the Parish Commissions on Women. These relationships help the Louisiana Commission to develop policy recommendations that impact all women in Louisiana. As we move forward with this initiative, we hope to strengthen our current relationships with the above mentioned commissions and drive the establishment of additional commissions on women throughout the state of Louisiana.

B. The Commission held a three hour planning session and using the Nominal Group Technique, participating Commissioners generated a number of issues and concerns, which were then prioritized using an informal three-tiered selection process. It revealed where the Commission might focus its efforts and/or programs of work in the future:

- Human trafficking
- Support for Battered Women and Women’s Heart Health
- Job Skills Development
- Birth Outcomes (Healthy Babies, Mother, Infant Mortality)
• Organizing Women’s Commissions in other parishes
• Disparities Earnings (between Groups of Women: also between Women and Men)
• Childcare (single working Mothers and grandparents now parenting children)
• Affordable Quality Public Education
• Unwanted and unplanned pregnancies(Teen Pregnancy, Teen Parenting and Education)
• High Poverty rates Among women, children and transportation
• Bulling girls (by other girls and by boys)
• Environmental Safety and acceptable behaviors(Social Etiquette)

C. The Commission held a two hour presentation from the Jefferson Parish Sheriff’s Office, Human Trafficking Department and the highlights were as stated:

• Domestic minor sex trafficking is the “recruitment, transportation, provision or obtaining of a person for the purpose of a commercial sex act.” Where the person is a U.S. citizen or lawful permanent resident under the ages of 18 years old.
• At least 100,000 children are exploited in prostitution every year in the United States.
• The average age of a child who is exploited is 13 years old.
• Prostituted children are often controlled by a pimp who recruits them into sex trafficking by posing as a boyfriend.
Appendices

Appendix I.

2009 Quick Stats on Louisiana Women Workers

- Of the 1.82 million women age 16 years and over in Louisiana, 57.2 percent were labor force participants working full- or part-time, or looking for work. The majority of employed women, 62.5 percent, worked full-time.

- Women comprised 47.5 percent of the total Louisiana labor force in 2009.

- The largest percentage of employed women, 41 percent, worked in management, professional, and related occupations; 36.7 percent worked in sales and office occupations; 17.9 percent worked in service occupations; 3.8 percent in production, transportation and material moving occupations; .5 percent in construction, extraction, maintenance and repair occupations and .1 percent in farming, fishing and forestry occupations.

- Approximately 2000 Louisiana women were serving in the Armed Forces.

- The largest percentage of employed black and Hispanic women (33.6 and 34.9 percent, respectively) worked in service occupations. The largest percentages of employed white and Asian women (40.8 and 44.1 percent, respectively) worked in management, professional and related occupations.

- The eight leading occupations of employed women in the Louisiana labor force were:
  - Primary, secondary, and special education school teachers 66,380
  - Secretaries and administrative assistants 59,805
  - Cashiers 47,793
  - Other office and administrative workers 50,312
  - Other management occupations except farmers and farm managers 38,920
  - Health technologists and technicians 37,962
  - Building and grounds cleaning and maintenance 34,516
  - Registered Nurses 33,793

- Women made up 67 percent of all private not-for-profit wage and salary workers in Louisiana; 62.9 percent of state government workers; 57.8 percent of local government workers; 50.4 percent of Federal government workers; 41.5 percent of private company employees; 40.6 percent of private for-profit wage and salary workers; 29.6 percent of self-employed in own not-incorporated business workers and 25 percent of self-employed in own incorporated business workers.

- As a class of workers, women working in the Federal government earned the highest wages with average annual earnings of $46,500, while women self-employed in their own non-incorporated business earned the least with earnings of $21,848.
• In 2009, the unemployment rate among women in the Louisiana labor force 16 years and over was 7.9 percent. Among white women, it was 5.5 percent; among black women, 12.2 percent; Asian women, 6.3 percent; Hispanic or Latina, 8.8 percent.

• Louisiana women working full-time, year-round earned on average $29,437 compared to $44,438 for men. The gender wage ratio for Louisiana women was .66, that is, Louisiana women earned just 66 cents for every dollar earned by a Louisiana man, the lowest ratio among the 50 states and the District of Columbia. Nationally, the ratio was 78.2.

• Annual earnings were highest for the residents of St. Tammany Parish with men earning $57,824 and women earning $36,183. However the gender wage ratio was just .63 percent. The lowest wages for both women and men were in St. Landry Parish with annual earnings for men of $36,296 and for women of $24,357, with a gender wage ratio of .67.

• The educational attainment of women and men is near equity. Among the population aged 25 and older, 20.8 percent of men and 22.0 percent of women had attained a bachelor’s degree or higher; 34.4 percent of men and 34.2 percent of women concluded their education with high school graduation (includes equivalency); and 19.3 percent of men and 16.6 percent of women had less than a high school diploma.

• Women and men are not paid equitably for their education. Women with some college or an associate’s degree earn less than men who have not graduated high school, $23,350 vs. $24,267; women with a bachelor’s degree earn somewhat more than men with a high school diploma, $37,560 vs. $35,180, but considerably less than men with a bachelor’s degree, $52,535. Women with a graduate or professional degree earn $28,000 less on average than men with a graduate or professional degree.

• Poverty rates were higher for women than men at every level of education. The poverty rate for those with less than high school education was 21.1 percent for men and 34.4 percent for women; for those with a bachelor’s degree or higher it was 3.2 percent for men and 4.6 percent for women.

• The higher a woman’s educational attainment, the more likely she will be in the labor force. For women age 25 and over with less than a high school diploma, the labor force participation rate was 55.6 percent; for those with only a high school diploma, 72.3 percent; with some college or an associate’s degree, 79.8 percent; with a bachelor’s degree or higher, 85.9 percent.

• The higher a woman’s educational attainment, the less likely she will be unemployed. For women age 25 and over with less than a high school diploma, the unemployment rate was 13.8 percent. For women with only a high school diploma, it was 7.9 percent; with some college or an associate’s degree, 5.6 percent; with a bachelor’s degree or higher, 3.2 percent.
Appendix II.

Quick Facts on Domestic Violence after the BP Oil Spill

- 14 of 20 DV programs lay in the southern portion of the state, with about an hour of the coast.
- Programs are heavily donation and local income dependent. Most income based in fishing or drilling industries.
- There are several culturally diverse populations along the coast; Native Americans, Vietnamese, Creole/Cajun.
- Initially almost immediately an increase in crisis calls. In many places almost a 100% increase.
- Bed nights did not initially increase.
- Programs now see ‘waves’ of increased service requests. Bed nights and crisis calls increasing in intervals.
- Survivor needs are changing as the disaster progresses. Financial reserves are running out and there are now significant housing and basic financial needs.
- Not new abusers, increased requests for service, increase in access, frequency and severity of violence.
- Immediate economic impact to programs, laid off 5% of total staff.
- Crippling financial impact to survivors, loss of employment, child support, and housing.
- Increased substance abuse and mental health needs.
- Post disaster effects expected to last minimum of 2 – 4 years.

Source: Louisiana Coalition Against Domestic Violence, Presented March, 17, 2011.